

**U.S. Department of Justice**  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF ANTONIO S. CAMACHO	COURT CASE NUMBER CA 05-0043 USDC NMI
DEFENDANT CNMI DEPT OF PUBLIC LANDS & CNMI DEPT OF PUBLIC WORKS	TYPE OF PROCESS WRIT OF EXECUTION

**SERVE** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**AT** Bank Pacific; Fred Camacho Assistant Vice President & Saipan Branch Manager  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 PO BOX 603201 Saipan MP 96950 / 670-233-2265 TEL / 670-233-3227 FAX

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
MR. Gregory J. Koebel ESQ. O'CONNOR BERMAN DOTT & BANES PO BOX 501969 SAIPAN MP 96950 / www.pacific-lawyers.com 671-234-5684 / 670-234-5603 (FAX) / attorneys@saipan.com	Number of parties to be served in this case	5
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Located in Garapan Village on Beach Rd; Adjacent to the Jolibee's Fast Food Restaurant.

Other contact information: gfredc@bankpacific.com

Checks up to the full amount of the Judgment, as shown on the Writ of Execution, should be made out to the following:  
 "Trust Account of O'Connor Berman Dotts & Banes".

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	670-234-5684	10/27/08

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. 005	District to Serve No. NMI	Signature of Authorized USMS Deputy or Clerk	Date 10/28/08
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
As Above	

Address (complete only different than shown above)	Date 10/28/08	Time 13:34 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>W. M. Calvert</i> C1DUSM #3086	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or (Amount of Refund <sup>a</sup> )
\$45.00	\$5.00		\$50.00	\$50.00	\$0.00

## REMARKS:

\$45.00 Service & \$5.00 mileage Fee's in advance; Adjustments for additional billing or refunds upon completion of service.

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**RECEIVED**

OCT 28 2008

Form USM-285  
Rev. 12/80

US MARSHALS SERVICE-CNMI